

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		i				
4		1				
5		i				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		i				
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TOTAL IND.	4	↓			
TOTAL DEP.	26	←	←	←	
TOTAL CLAIMS	30	██████	██████	██████	██████

	IND		DEP		IND	DEP
	IND	DEP	IND	DEP		
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TOTAL IND.	4	↓			
TOTAL DEP.	26	←	←	←	
TOTAL CLAIMS	30	██████	██████	██████	██████